

Government of the
District of Columbia

2003 D-2441 SUB
Child and Dependent Care Credit
for Part-Year Residents

032410210000

OFFICIAL USE ONLY

NAME AS SHOWN ON FORM D-40 **AAAAAAAAAAAAAAAAAAAAA** YOUR SOCIAL SECURITY NUMBER **999-99-9999**

Qualifying dependents Complete for all qualifying individuals for whom expenses were claimed on your federal Form 2441

First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		

DC credit

Enter period you were a DC resident in 2003 (MMDD) From **MMDD** To **MMDD** Round cents to the nearest dollar.
If amount is zero, leave the line blank.

1	Total 2003 employment-related dependent care expenses. From federal Form 2441, line 15 or total expenses paid from line 6.	1 \$	999999999.00
2	Employment-related dependent care expenses paid in 2003 during period of DC residence.	2 \$	999999999.00
3	Divide line 2 by line 1. (This will be a decimal number, for example: 0.55.)	3	.99
4	DC dependent care credit Multiply your federal credit (1040, line 45 or 1040A, line 29) X .32%	4 \$	999999999.00
5	DC part-year dependent care credit Multiply line 4 by line 3. Enter amount on line 25 of Form D-40.	5 \$	999999999.00

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name AAAAAAAAAAAAAAAAAAAAAA
Your SSN 999-99-9999

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Dependent care expenses Complete for all people or organizations who provided care during 2003 so that you could work or look for work.
Round cents to the nearest dollar.
If amount is zero, leave the line blank.

Name	Address	Amount paid
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	\$99999999. 00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount paid
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	\$99999999. 00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount paid
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	\$99999999. 00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount paid
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	\$99999999. 00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount paid
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	\$99999999. 00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

6 Total expenses paid Add whole dollar amounts. \$99999999. 00

Who can use the Form D-2441?

- You must meet all of the following requirements to use this form:
- You are a part-year resident of DC
- You are filing a part-year D-40 return
- You were eligible to claim the child and dependent care credit on your federal return

If you are a full-year resident of DC, you only need to file the Form D-40 to claim this credit.